

HEALTHCARE

COALITION COUNCIL

In-Person Meeting
Citizen Service Center, Colo Spgs, CO
March 10, 2017

Meeting called to order at 9 AM by Metro Co-Facilitator Lisa Powell.

In her opening remarks, Lisa expressed sincere appreciation to OEPR Director Dane Matthew for his commitment to a fair and transparent initial funding formula and HCC regionalization plan.

Attendance. List of 34 participants is attached as Enclosure 1.

Agenda for today's meeting was approved as presented with the addition of an acronym list (copy at Enclosure 2). Motion by Richard Johnson, second by Keri McCune.

Minutes of the 6 Dec 2016 teleconference were approved as presented. Motion by Karen Dickson, second by Sara Garrington.

Reports

PHMAC Highlights

Primary focus of this advisory committee is to address OEPR strategic planning and implementation. Equally important is serving as conduit between local and state-level public health preparedness and response advocates. Monthly meetings of this multi-disciplinary group, which includes HCC council officer representation, are held virtually on the first Thursday. Minutes are posted at - <<https://www.colorado.gov/pacific/cdphe/cdphe/PHMAC>>. The May meeting is slated for in-person participation. Any interested coalitions, particularly rural ones, are encouraged to express their willingness to participate by contacting CDPHE HCC liaison Carolyn Elliott <carolyn.elliott@state.co.us>.

Last fall OEPR's Dane Matthew directed the establishment of a PHMAC sub-committee to address a regionalization plan for the 34 healthcare coalitions along with an initial HPP funding formula. Please refer to the HPP work group report that follows.

HPP Work Group (PHMAC Sub-Committee)

CHA's Deb French provided an overview of this multi-disciplinary sub-committee that has been operating since mid-December to make recommendations to the PHMAC on the funding and consolidation of existing HCCs. Council officers and selected other council members were participants. CHA's Hospital Preparedness Advisory Group input was also considered in those recommendations. Members of the HPP work group developed a survey to gather input from coalition members statewide in early February. Survey results, FAQs, and a related webinar

conducted on February 8 this year are available for review at –
<<https://www.colorado.gov/pacific/cdphe/health-care-coalitions>>.

Today OEPR Director Dane Matthew announced the decision to formalize the reorganization of Colorado's 34 healthcare coalitions into nine regional coalitions. The goal is to establish the new governance and structure within each region by September this year.

The funding formula that Dane presented today will serve as that for the state's HPP grant application. Nevertheless, the initial allocation for each coalition may not be the final allotment during budget period 1. See related discussion entries under New Business.

Strategic Planning OPUR Reports:

A. Repository of Best Practices. Anna Cochran reported that work group members are (1) drafting a one-page fact sheet on the purpose of coalitions and the council; (2) developing a survey for council members to identify resource topic areas of interest; (3) working on a resource repository website design and format with associated funding; and (4) establishing a standing council agenda item for best practices and format for remote meetings. Items 1 and 2 will be completed after new regional healthcare coalitions are established and a new Council structure is identified.

B. Funding alignment with related deliverables. Jill Filer reported that the overall goal to influence funding and its aligning with deliverables has shifted to focus on helping Colorado HCCs to implement HPP funding to enhance healthcare preparedness and response capability. Intent is to offer some specific suggestions in the near term.

C. Preparing for next Integrated Healthcare Preparedness Summit. Sara Garrington reported progress on the resource mobilization, single-point ordering initiative that was identified as a gap during the 2016 Summit. Process entails integration of WebEOC and Inventory Management System at the EOC level by assigning logistics reps to the ESF8 desk. A related conference presentation and report was very well received at the recent CEMA conference. Another initiative is to integrate health and medical partners into the broader incident management framework. And finally, an initiative is underway to determine the availability of HPP funding for the next Summit and to establish a planning committee to help organize it. A proposal is under discussion to conduct the next Summit in conjunction with a CDPHE-OEPR sponsored healthcare coalition conference in late October this year.

Unfinished Business

Healthcare Coalition Response Leadership Course. South Central Region's Lorin Schroeder highlighted the experience with this newly established, 3-day training course now being offered at the Center for Domestic Preparedness in Anniston, AL. There is no cost to coalitions selected to participate. An overview of the course was included on page 8 of today's council meeting packet. Although there is no specific course aspect dedicated to rural capabilities and needs, practical exercises lend themselves to the spectrum of healthcare capabilities. Resulting discussions are participant dependent. A 13-page summary of South Central Region's healthcare coalition experience from application thru capstone exercise is available from the Council secretary.

New Business

Discussion focused on federal HPP grant funding and related healthcare coalition requirements.

A. Hospital Preparedness Program (HPP) Evolution

2002-2011 - Facility-based equipment purchasing approach

HPP funding was disbursed directly to hospitals for purchasing equipment and supplies, including personal protective equipment, mobile medical units, and pharmaceutical caches.

2012-2016 - Development of HCCs and Healthcare Capabilities

HPP funding focuses on the development of HCCs and support of their members.

Awardees disbursed funds to promote health care capabilities. To read more please visit www.phe.gov/hpp.

2017 and Beyond - HCCs operationalized to respond

HPP funding will focus on operationalizing HCCs for effective response by optimizing their membership, as well as population and geographic coverage.

Source - <https://www.phe.gov/Preparedness/planning/hpp/Documents/hpp-intro-508.pdf>

B. HCC Reorganization Plan

Several models for reorganizing the state's healthcare coalitions were considered. Survey input from coalition members was analyzed. Ultimately, the decision the OEPR Director announced today was that regional healthcare coalitions will align to mirror Colorado's nine all-hazards regions. Therefore, sub-awardees of HPP funds in Colorado are earmarked for regional level healthcare coalitions. The state's goal is to complete the regionalization by September 2017 in order to ensure that HPP grant funds reach sub-awardees early in the fiscal year. Without regionalizing healthcare coalitions in Colorado, the state would be subject to withholding of federal HPP funds.

C. Governance (refer to pages 10-23 of council meeting packet)

Next step in the process is for each regional coalition to establish its governing document and to select a fiscal agent. Unless they incorporate or affiliate with a legal entity, healthcare coalitions are considered legal non-entities and cannot serve as direct grant fund recipients.

Two samples of regional governing documents were included in the council meeting packet. In addition, the packet had a sample charter for a coalition finance committee whose purpose is receiving, analyzing, and recommending prioritized projects for funding by the coalition's voting membership.

D. Fiscal Agent role

Each regional coalition's governance must specify what legal entity serves as its fiscal agent. Responsibilities of the latter include, but are not limited to, the following: (1) receiving, accounting for, and distributing coalition funds; (2) serving as the hiring agency for any coalition employees or contract personnel; (3) be prepared to undergo annual fiscal audits.

Due to the significant role of fiscal agency in the HPP funding process, coalition leaders were encouraged to consider having CDPHE's contracted fiscal agent fulfill this role for budget period 1 (July 2017-June 2018). CDPHE's HPP contract monitor Greg Jones indicated that reimbursements for expended HPP funds are fulfilled within weeks and not months when all required documentation is submitted promptly. The challenge is for coalitions to have the seed money to initiate project funding for which reimbursement is subsequently sought.

Carefully choose a fiscal agent that has a reputable track record. Some RETACs may be willing to serve in this capacity. Between 10% and 25% of HPP funds are estimated for reimbursing a fiscal agent's services.

E. HPP Funding Formula (refer to page 24 of council meeting packet)

As proposed by the HPP work group and affirmed by the related survey, the funding formula has the following components: (1) base amount which is the same for all regional coalitions; (2) hospital impact (which is not designated to hospitals but to coalitions for appropriate distribution); (3) regional (travel) impact; and (4) population impact. The respective initial amounts for each regional coalition are yet to be determined. CDPHE intends to revisit the hospital listing to ensure the original intent for an agreed-upon list of hospitals is used. This is needed to determine the hospital impact amount for each coalition.

F. Centrally Procured Services

One-third of the state's previous HPP award was set aside for this category. OEPR is carefully reviewing the BP1 contracts for these services. Thereafter, as regional coalitions mature, a refined demand for these services with appropriate funding is anticipated.

G. Awardee-Retained Grant Funds

OEPR is carefully reviewing both HPP and PHEP grant funds with the goal to retain less and disseminate more to healthcare coalitions and public health departments. CDPHE intent is to retain only 15% of HPP funds for contract administration, travel, and fringe benefits. Further intent is to push out 75% of PHEP funds as opposed to the previous 66%.

H. Proposal for Council Standing Committees (refer to page 26 of council meeting packet)

Proposal for establishing a Council Officer Nominating Committee was tabled until the next meeting.

Proposal for establishing a Sustainment Committee with initial responsibility for drafting a revised council governance was approved. The following council members volunteered to assist: Sara Garrington, Keri McCune, Darcy Janssen, Lorin Schroeder, and Deb French. Russ offered to take the lead and arrange for any virtual meetings.

Proposal for establishing a Contingent Funding Committee to address projects for dealing with residual HPP funds was tabled for a later date.

I. Election of Council Secretary

A vacancy in this position was filled by the election of Russ Roux until the September council meeting.

Coalition Highlights: refer to Enclosure 3

Action Items:

- 1) Revisit and revise agreed-upon list of hospitals for impact funding
- 2) Initiate sustainment work group role to draft revised council governance
- 3) Promote hospital engagement with healthcare coalitions in the absence of direct HPP funding
- 4) Finalize details for next council meeting in-person on June 23, 2017 in Denver Metro Area

There being no further business, the meeting was adjourned at 2:30 p.m.

Respectfully submitted

Russ Roux
Council Secretary

Enclosures:

1 – Attendees

2 – Acronyms

3 – Coalition Highlights

Attachment (to transmittal email):
Council Contact List

Enclosure 1 – Attendees (34)

Cheyenne County Partners in Preparedness HCC – Darcy Janssen
Garfield County HCC – Anna Cochran
Grand County HCC – Abbie Cobb (also representing Summit County)
HAMR Partnership of Boulder County – Mary Pancheri
Kit Carson HCC – Doug Satterly
LASST HCC – Keri McCune
Lincoln County Emergency Management HCC – Richard Johnson
Mesa County ESF-8 – Travis Dorr
Metro Foothills HCC – Lisa Filipczak & Janelle Worthington
Moffat County HCC – David Mucha
Montelores HCC – Karen Dickson
San Luis Valley East – Linda Smith
San Luis Valley West – Emily Brown
South Region HCC – Jill Filer & Desiree Lipka
South Central HCC – Lisa Powell, Lorin Schroeder & Russ Roux
Southeast HCC – Aaron Olivieri
Summit County HCC – Abbie Cobb (also representing Grand County)
Tri-County HCC – Sara Garrington
Weld County HCC – Andrew Glendenning
West Region – Mary Rasmusson
CDPHE – Garry DeJong, Carolyn Elliott, Greg Jones, Dane Matthew & Judy Yockey
CHA – Deb French & Ashley Baker
Guests – Sarah Green, HHS-ASPR Region VIII
 Stacy Sayre, HHS MRC Region VIII
 Kim Schallenberger, Plains to Peaks RETAC
 Janel McNair, El Paso County Public Health

Enclosure 2 – Council Acronyms

ASPR – Assistant Secretary for Preparedness & Response (in US Dept of Health & Human Svcs)

BH – behavioral health

CDPHE – Colorado Department of Public Health & Environment

CHA – Colorado Hospital Association

CMS – Centers for Medicare and Medicaid Services

DHSEM – (Colorado) Division of Homeland Security & Emergency Management

DOC – department operations center

EM – emergency manager/management

EMS – emergency medical services

EOC – emergency operations center

EOP – emergency operations plan

EPR – emergency preparedness & response

ESF 8 - emergency support function that includes: medical, public health, behavioral health, and fatality management

FOA – funding opportunity announcement

FSE – fullscale exercise

HAN – health alert network

HCC – health care coalition

HCF – health care facility

HCO - health care organization (long-term care, assisted living, dialysis, community health centers, home healthcare & hospice)

HPP – hospital preparedness program

HSEEP – Homeland Security Exercise & Evaluation Program

HVA – hazard/hospital vulnerability assessment

ICS – Incident Command System

IP – improvement plan (from training exercise)

IS – independent study (FEMA courses)

LPHA – local public health agency

LTCF – long-term care facility (also a nursing home)

MAC – mutual aid channel (see also MedMAC)

MCI – mass casualty incident/instruction

MCM – medical countermeasures

MedMAC – medical multi-agency coordination (center)

MEP – Master Exercise Practitioner

MPM – midterm planning meeting

MRC – Medical Reserve Corps

NIMS – National Incident Management System

OEPR – Office of Emergency Preparedness and Response (in CDPHE)

OPUR – one person ultimately responsible

PHMAC – public health & medical advisory committee

POD – point of dispensing

RETAC – regional emergency medical & trauma advisory council

RTP – regional transfer point (for SNS)

SA – Situational Awareness

SNS – Strategic National Stockpile

Enclosure 3 – Coalition Highlights

Garfield County – Have a new vice chair representing a hospital partner; focusing on outreach to prospective new partner agencies.

LASST – Cultivating behavioral health network resources; developing resource mobilization process.

Mesa ESF8 – Recent focus on LTC facility evacuations; emphasizing patient tracking in conjunction with early May airport exercise. Coalition website -

<https://sites.google.com/mesacounty.us/mesacountyef8/home>

Metro Foothills – Combined two healthcare coalitions in spring of 2016 and are happy to share best practices and lessons learned. Moved agency report-outs to the beginning of meeting to ensure enough time for sharing. Also added an agency spotlight report at each meeting to showcase capabilities and services of member organizations. Reviewed member survey results. 87.5% of respondents strongly agreed or agreed that the coalition is fulfilling its mission. 86% of respondents reported that the merging of the Denver and Foothills Healthcare Coalitions has been positive which includes neutral responses from new members. Co-chairs conduct ongoing member site visits. Because of a recent visit, Colorado Institute for Mental Health at Fort Logan (CIMHFL) will serve as a new closed POD and offered an empty hospital wing for other members to use during exercises. Quarterly networking events are being held; recent event was a dinner and full moon snowshoe hike in Clear Creek County. Metro Foothills Healthcare Coalition website: www.metrofoothillshcc.com

Montelores – Recent focus on LTC, home health, & hospice partnerships. Incorporating IMT and DOC staff into countywide POD operations; those participating in senior center events to process thru the POD. Hosting MGT 405 - Mobilizing Faith-Based Community Organizations in Preparing for Disaster on April 19 in Cortez.

San Luis Valley East & West – Recent focus on LTC and vulnerable populations. Improving communications with all-volunteer EMS agencies.

South Central Region – Refining governance to provide for a vice chair who will lead a new standing finance committee; primary responsibility of this committee is to formulate coalition funding processes, priorities, and recommended allocations. Committee collects, conducts initial review of proposed projects for coalition funding, prioritizes proposed projects for funding, and submits recommendation to voting membership for decision. Voting membership is comprised of one representative from each member agency that participated in at least three of the four meetings conducted during the preceding fiscal year. Outreach to ambulatory surgery centers and assisting them with conducting HVAs and relating results to their respective facility EM plans; also embracing them as Closed POD partners due to their robust nursing staff. Stakeholder in triennial, COS airport, mass casualty, fullscale exercise on May 3rd. Hosting Colorado-relevant, Mass Fatalities Incident Response course (G386) on August 9-11 in Colo Spgs. CO-Train course ID 1033120.

South Region – Conducted an excellent and very well-attended TTX (85 participants) at most recent coalition meeting. One result is the implementation of a public health-fire unified command. AAR from the TTX will soon be available from Jill Filer <filerj@pueblounty.us>.

Summit County – Conducting a drive-thru POD in conjunction with FSE.

Tri-County – Recent emphasis on developing a pilot resource mobilization process for statewide benefit. Establishing an operational coordination process that integrates all coalition members. During FSE plan to test POD setup for a vulnerable population and demob using MRC team.

West Region – Experienced very encouraging turnout (44 participants) which included LTC partners at recent in-person coalition meeting. In process of training county health & human services staff to assist with POD operations.